

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/13/2012
NAME OF PROVIDER OR SUPPLIER  BETHANY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 431 SS=D	<p>AMENDED: October 3, 2012.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>	F 431	<p>Reviewed all medication carts in the facility for medications stored improperly. No other improperly stored medications were identified.</p> <p>Inservice provided to all nursing staff regarding facility policy for storage of medications. (Attached)</p> <p>Unit Managers and Supervisors will monitor medication storage during medication pass times: at least two nurses per shift per week for 4 weeks and monthly thereafter, beginning during the 4<sup>th</sup> week of September 2012.</p> <p>A report with the results of monitoring will be presented to the DON after each monitoring period. The DON will present a report to the QI Committee on a monthly basis beginning with the September 2012 meeting.</p>	10/22/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 431	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to secure medications for one medication cart of eight medication carts in the facility.  The findings included:  Observation on the secured unit on September 11, 2012, at 12:53 p.m., revealed an unattended medication cart in the hallway. Further observation revealed a capped filled syringe on top of the medication cart. Further observation revealed no staff or residents in the hallway during the observation.  Interview on September 11, 2012, at 12:54 p.m., with Licensed Practical Nurse (LPN) #2, by the medication cart in the hallway outside room 142, confirmed the cart was unattended and the capped syringe was on top of the medication cart. Further interview revealed the syringe was filled with insulin. Further interview confirmed the syringe was not secured by LPN #2 prior leaving the cart.	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it -	F 441			



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F 441	Continued From page 2 (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to follow infection control practices for one resident (#252) of ten residents reviewed.  The findings included:  Observation on September 10, 2012, at 4:25 p.m., in resident #252's bathroom, revealed	F 441	Inservice provided to LPN#3 regarding Infection Control and administration of medications.  Inservice provided to all other nursing staff regarding Infection Control and administration of medications. (Attached)  Unit Managers and Supervisors will monitor nursing technique for administration of injectable medications during medication pass times: at least two nurses per shift per week for 4 weeks and monthly thereafter, beginning during the 4th week of September 2012.  A report with the results of monitoring will be presented to the DON after each monitoring period. The DON will present a report to the QI Committee on a monthly basis beginning with the September 2012 meeting.	10/22/12	

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F 441	<p>Continued From page 3</p> <p>Licensed Practical Nurse (LPN) #3 placed a syringe prepared for injection on the ledge of the sink, on top of one unopened packaged alcohol prep pad positioned under the the capped area of the syringe. Continued observation revealed LPN #3 washed the hands, gloved the hands, retrieved the syringe from the ledge of the sink and administered the injection to the resident.</p> <p>Interview with LPN #3 on September 10, 2012, at 4:28 p.m., in the hallway, confirmed the syringe had been laid on an unopened packaged alcohol prep pad and the remainder of the syringe was contaminated by the dirty sink ledge.</p>	F 441			



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"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER # <b>445159</b>	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 9/13/2012
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<b>F 272</b>	<p><b>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</b></p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:</p> <ul style="list-style-type: none"> <li>Identification and demographic information;</li> <li>Customary routine;</li> <li>Cognitive patterns;</li> <li>Communication;</li> <li>Vision;</li> <li>Mood and behavior patterns;</li> <li>Psychosocial well-being;</li> <li>Physical functioning and structural problems;</li> <li>Continence;</li> <li>Disease diagnosis and health conditions;</li> <li>Dental and nutritional status;</li> <li>Skin conditions;</li> <li>Activity pursuit;</li> <li>Medications;</li> <li>Special treatments and procedures;</li> <li>Discharge potential;</li> <li>Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and</li> <li>Documentation of participation in assessment.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to accurately assess the use of an anti-anxiety medication for one (#124) of thirty-eight residents reviewed.</p> <p>The findings included:</p> <p>Resident #124 was admitted to the facility on October 9, 2007, and readmitted on May 15, 2008, with diagnoses including Generalized Anxiety, Senile Delusion, Psychosis, Alzheimer's Disease, and Senile</p>			

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The above isolated deficiencies pose no actual harm to the residents

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<b>F 272</b>	<p>Continued From Page 1</p> <p>Depression,</p> <p>Medical record review of the physician orders for September 2012 revealed on January 13, 2012, the initiation of "...Ativan Gel (Ativan 0.5mg (milligrams) per 1 cc (cubic centimeter) syringe) (anti-anxiety medication) *TOTAL DOSE*: 1 syringe/0.5mg b.i.d. (twice daily)...Given for: Anxiety..."</p> <p>Medical record review of the annual Minimum Data Set (MDS) dated February 13, 2012, revealed no anti-anxiety medications were administered during the last 7 days.</p> <p>Interview on September 12, 2012, at 4:00 p.m., in the conference room with Licensed Practical Nurse #1, who was also the MDS Case Manager, confirmed the first date of use for the Ativan was on January 13, 2012. Further interview confirmed the February 13, 2012, MDS failed to address the use of the Ativan, an anti-anxiety medication.</p>			